

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029255

1. Corporation Name

ALWAYS PAINTING OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

~~5804 HALF MOON LAKE ROAD  
TAMPA FL~~

~~5804 HALF MOON LAKE ROAD  
TAMPA FL~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1409 MOHR LAKE DR

3. New Mailing Office Address, If Applicable

ALWAYS PAINTING

Suite, Apt. #, etc.

BRANDON

Suite, Apt. #, etc.

P.O. Box 4111

City & State

FL

City & State

BRANDON, FL

Zip

33511

Country

U.S.A

Zip

33509

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1995

5. FEI Number

59-3310762

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NORRIS, ALAN	5804 HALF MOON LAKE ROAD	TAMPA FL
<del>PD</del>	<del>NORRIS, LINDA</del>	<del>5804 HALF MOON LAKE ROAD</del>	<del>TAMPA FL</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORRIS, LINDA  
5804 HALF MOON LAKE RD  
TAMPA FL 33625

NO LONGER  
with this  
CORPORATION

Name

ALAN NORRIS

Street Address (P.O. Box Number is Not Acceptable)

1409 MOHR LAKE DR

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-15-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* ALAN NORRIS 10/15/00 813-505-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



*Always Painting*

of Tampa Bay Inc.

~~5804 Half Moon Lake Rd. • Tampa, Florida 33625~~

~~Phone: (813) 265-8699 • Fax: (813) 269-1190~~

P.O. BOX 4111

BRANDON, FL 33509

TO WHOM IT MAY CONCERN;

I WAS INSTRUCTED BY SOMEONE IN YOUR OFFICE TO WRITE THIS LETTER AND EXPLAIN WHY I FAILED TO FILE MY 2000 CORP. ANNUAL REPORT / UNIFORM BUSINESS REPORT. I WAS RECENTLY DIVORCED AND DURING MY EX-WIFE'S DEPARTURE SHE TOOK MANY ITEMS FROM MY OFFICE, INCLUDING MY BUSINESS RECORDS, FILES, AND CORRESPONDANCE. DURING THAT TIME I ALSO MOVED AND I HAVE NOT RECEIVED ANY NOTICES ABOUT THIS REPORT. THIS HAS BEEN RESOLVED AND AS YOU WILL SEE ON MY APPLICATION FOR REINSTATEMENT SHE IS NO LONGER AN OFFICER OR SHAREHOLDER. MY ADDRESS HAS BEEN CHANGED TO A P.O. BOX TO ASSURE ~~AN~~ I RECEIVE ALL FUTURE CORRESPONDANCE. SORRY FOR ANY INCONVENIENCE.

THANK YOU

ALAN S. NORRIS